

Headquarters, Pennsylvania Wing, Civil Air Patrol
United States Air Force Auxiliary

REQUEST FOR TOURS / VISITS

NAME OF UNIT REQUESTING TOUR:		UNIT NO:
DATE OF REQUEST:		TOUR REQUESTED:
SIGNATURE OF UNIT COMMANDER:		
PRINT NAME OF UNIT COMMANDER:		
DATE OF TOUR: LEAVING		RETURNING:
DEPARTING FROM:		RETURNING TO:
NUMBER OF SENIORS:	MALE:	FEMALE:
NUMBER OF CADETS:	MALE:	FEMALE:
TOTAL NUMBER ATTENDING TOUR:		
TYPE OF TRANSPORTATION REQUESTED:		
BILLETING DESIRED:		NUMBER OF NIGHTS:
MESSING ON BASE:		NUMBER OF MEALS:
SPECIFY DATES AND TIMES MEALS WILL BE NEEDED:		
SIGNATURE OF UNIT COMMANDER:		DATE:
SIGNATURE OF GROUP COMMANDER:		DATE:
PRINTED NAME AND GRADE OF GROUP COMMANDER:		

FORM MUST BE SUBMITTED TO WING AT LEAST 45 DAYS PRIOR TO TOUR / VISIT DATE